

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13326**FILED MAY 11 1953
BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **527**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph					
c. LENGTH OF STAY (in this place) 10 years				d. STREET ADDRESS (If rural, give location) 1907 Savannah Ave.					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1907 Savannah Ave.				e. STREET ADDRESS 1907 Savannah Ave.					
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) Edward		c. (Last) Kane			
4. DATE OF DEATH		a. (Month) May		b. (Day) 4		c. (Year) 1953			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)		8. DATE OF BIRTH May 1, 1870		9. AGE (In years last birthday) 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. clerk		10b. KIND OF BUSINESS OR INDUSTRY railroad		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Kane		13b. MOTHER'S MAIDEN NAME Mary Welch		14. NAME OF HUSBAND OR WIFE Ruth E.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 708-10-1319		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Kane, 1907 Savannah Ave. St. Joseph, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Testis & Generalized Cachexia, and Metastasis to Abdomen. ANTECEDENT CAUSES Generalized Cachexia, and Metastasis to Abdomen. DUE TO (b) Metastasis to Abdomen. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 178X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-10 , 1953 , to 5-4 , 1953 , that I last saw the deceased alive on 3-10 , 1953 and that death occurred at 4:24 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm B. Rust in Md				23b. ADDRESS 316 No 10th		23c. DATE SIGNED 5-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/6/1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. May 6, 1953		REGISTRAR'S SIGNATURE Robert M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bauman Funeral Home		ADDRESS St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 15 1956

Dis. 1/10/56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James H. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.